

FILED MAR 21 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8782

BIRTH NO.		REG. DIST. NO. 150		PRIMARY REG. DIST. NO. 5572		Registrar's No. 37		
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson				
b. CITY (If outside corporate limits, write RURAL and give township) Rural Prairie Twp		c. LENGTH OF STAY (In this place) 24-2M-25th		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City				
d. FULL NAME OF HOSPITAL OR INSTITUTION Jackson Co. Home for Aged				d. STREET ADDRESS (If rural, give location) 548 Main St. 1				
3. NAME OF DECEASED (Type or Print) CHARLES WEBSTER			4. DATE OF DEATH (Month) (Day) (Year) 2-25-1949					
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 4-21-1869		
9. AGE (In years last birthday) 79		IF UNDER 1 YEAR Months 10		IF UNDER 24 HRS. Days 4		IF UNDER 1 MIN. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter			10b. KIND OF BUSINESS OR INDUSTRY Retired Carpenter		11. BIRTHPLACE (State or foreign country) Austin, Missouri		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Henry Webster			13b. MOTHER'S MAIDEN NAME Timmil Sebey			14. NAME OF HUSBAND OR WIFE Deceased		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Jackson Co Home, Rty. Indpls, Mo				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH		
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility						
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.						
		DUE TO (b)						
		DUE TO (c)						
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from 1-1, 1949, to 2-25, 1949, that I last saw the deceased alive on 2/25, 1949, and that death occurred at 4:50 P.M., from the causes and on the date stated above.								
23a. SIGNATURE J.W. Bice			23b. ADDRESS m.d.v. Independence Mo			23c. DATE SIGNED 2/26/49		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 28, 49		24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery		24d. LOCATION (City, town, or county) (State) Independence, Missouri		
DATE REC'D BY LOCAL REG. 3-1-49		REGISTRAR'S SIGNATURE Ernest C. Emanuel		378		25. FEDERAL DIRECTOR'S SIGNATURE Angela Carson, Indpls. Mo		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed R. A. Lisle

Signed.....  
Student Embalmer

Licensed Embalmer No. 4123

P. O. Address Independence,

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.